

Formulary Updates July 2020



L.A. Care
HEALTH PLAN®

For All of L.A.

L.A. Care makes changes to the list of drugs covered by L.A. Care (known as the formulary). This helps meet the needs of our members and providers. A list of abbreviations and covered drugs can be found on our website.

- Member link: <http://www.lacare.org/members/member-services/pharmacy-services>
- Provider link: <http://www.lacare.org/providers/pharmacy-services/list-covered-drugs>

Effective Date as of 07/01/2020:

| Drug | Medi-Cal (MCLA) | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|--|------------------------------|---|--------------------------------------|
| NASACORT OTC NASAL SPRAY | NF | Tier 3 | NF |
| olopatadine nasal spray (PATANASE equiv) | NF | NF | NF |
| PATANASE NASAL SPRAY | No Change (NF) | NF | No Change (NF) |
| lansoprazole cap (PREVACID equiv) | F (Rx only) | Tier 1 (Rx Only) | F (Rx only) |
| cyclobenzaprine tab 7.5mg | No Change (NF) | NF | No Change (NF) |
| carisoprodol tab 250mg | NF | NF | NF |
| tazarotene cream (TAZORAC equiv) | F | No Change (Tier 1) | F |
| lidocaine oint | F, QL | No Change (Tier 1, QL) | No Change (F, QL) |
| XENLETA TAB | F, RS, QL | Tier 2, RS, QL | F, RS, QL |
| HIZENTRA INJ | F, KMSP, PA | Tier 4, KMSP, PA | F, KMSP, PA |
| XEMBIFY INJ | F, LD (CVS Specialty), PA | Tier 4, LD (CVS Specialty), PA | F, LD (CVS Specialty), PA |
| HYQVIA INJ | F, KMSP, PA | Tier 4, KMSP, PA | F, KMSP, PA |
| POMALYST CAP | F, MSP, PA, QL | Tier 4, MSP, PA, QL | F, MSP, PA, QL |



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|--------------------------------|-------------------------------|---|--------------------------------------|
| ROZLYTREK CAP | F, MSP, PA, QL, SF | Tier 4, MSP, PA, QL, SF | F, MSP, PA, QL, SF |
| BRUKINSA CAP | F, LD (Biologics), PA, QL, SF | Tier 4, LD (Biologics), PA, QL, SF | F, LD (Biologics), PA, QL, SF |
| TRIKAFTA TAB | F, KMSP, PA, QL | Tier 4, KMSP, PA, QL | F, KMSP, PA, QL |
| ENDARI POWDER PACK | F, LMSP, PA, QL | Tier 4, LMSP, PA, QL | F, LMSP, PA, QL |
| LOKELMA PAK | F, LMSP, PA | Tier 4, LMSP, PA | F, LMSP, PA |
| VELTASSA POWDER | NF | NF | NF |
| meperidine tab (DEMEROL equiv) | NF | NF | NF |
| MEPERIDINE TAB | No Change (NF) | NF | No Change (NF) |
| DEMEROL TAB | No Change (NF) | NF | No Change (NF) |

NC = Not Covered

INF Infertility
OTC Over-the-Counter
QL Quantity Limit
SMKG Smoking Cessation
SF Limited to two 15 day fills per month for first 3 months

generic = small letters

LD Limited Distribution
PA Prior Authorization
RS Restricted to Specialist
VAC Vaccine Program

BRANDS = CAPITAL LETTERS

KMSP Kroger Mandatory Specialty Pharmacy Program
LMSP Lumicera Mandatory Specialty Pharmacy Program
MSP Mandatory Specialty Pharmacy Program
ST Step Therapy



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